

REQUEST FOR LISTING

Mental Health Services



Agency Information

Agency Name: _____ Name and Title of Person in Charge: _____
Also Known As (AKA): _____ May we contact this person for record updates? Yes No

Street Address: _____
City: _____ State: WI Zip Code: _____

Mailing Address (if different from Street Address): _____
Mailing Address line 2: _____
City: _____ State: WI Zip Code: _____

Office phone: _____ Fax: _____
Agency Email: _____ Agency Website: _____
Agency Type:
 Non-Profit For-Profit Faith Based Coalition/Group Government Tribal

Hours of Operation: _____

Brief description of your Agency:

Service Information

Service Name: _____ Service Contact Person: _____
May we contact this person for record updates? Yes No

Service Address (if different from Agency Address): _____
City: _____ State: WI Zip Code: _____

Service Phone: _____ Toll-Free: _____ TTY/TDD: _____ Fax: _____

Service Email: _____ Service Website: _____
 Same as Agency email Same as Agency website

Hours of Operation:

Geographic Service Area (city, county, statewide):

Directions/Bus Route:

Do you provide language services? If so, please describe. Please include what languages you offer, if interpretation is in-person or via phone, and how much advance notice you need to provide access to services. Please make sure to address if you offer American Sign Language.

Which of these services do you provide?

- Counseling (If yes, see below)
- Evaluation and Testing
- Screening and Assessment
- Peer Support Specialist Services
- Recovery Coach Services
- Talkline/Warmline (If yes, see below right)

If your agency provides **counseling services**, please explain if the counseling you provide has a singular topical focus (i.e. anger management):

In what type of facility are your services provided?

- Community Mental Health Agency
- Private Therapy Practice
- County Behavioral Health Department
- Residential Treatment Facility
- Inpatient Mental Health Facility
- Mental Health Drop In Center

If your agency provides a **talkline/warmline**, what is the phone number of the Talkline/Warmline and what are the hours of operation?

What type of evaluation/testing/screening and/or assessment do you offer?

- Anxiety Disorder Screening
- Court-Ordered DUI Evaluation
- Depression Screening
- Early Intervention for Mental
- Illness Eating Disorder Screening
- Gambling Addiction Screening
- General Mental Health Screening
- Clinical Psychiatric Evaluation
- Psychological Assessment
- Psychological Testing
- Self Injury Screening
- Substance Use Disorder Assessment

What type of psychiatric services do you provide?

- Addiction Psychiatry
- Adult Psychiatry
- Child and Adolescent
- Psychiatry General Psychiatry
- Psychiatric Medication Monitoring
- Prescriptions for Psychiatric Disorders

Description of Mental Health Services Offered (feel free to provide an attachment, copy / paste or type information below)

Setting in which the service(s) are offered in:

- Conjoint Counseling
- Family Counseling
- Group Counseling
- In-home Counseling
- Individual Counseling
- Tele-Counseling
- Text Based Counseling
- School Based Counseling
- Other:

Types of Support Groups Offered:

Type of Group	Meeting Days/Times

Therapy and Supportive Approaches:

- Art Therapy
- Dance Therapy
- Equestrian Therapy
- Eye Movement Desensitization/ Reprocessing (EMDR)
- Hypnotherapy
- Music Therapy
- Pet Assisted Therapy
- Play Therapy
- Recreational Therapy
- Cognitive Behavioral Therapy
- Dialectical Behavioral Therapy
- Faith Based Counseling
- Trauma Focused Cognitive Behavioral Therapy
- Peer Counseling
- Other

Do you provide services for clients with any of the following?

- All listed below
- Anxiety Disorders
- Attention Deficit/Hyperactivity Disorder/ADD and ADHD
- Bipolar Disorder
- Chronic Mental Illness
- Co-Occurring/Mental Health and Substance Use
- Depression
- Eating Disorders
- Mood Disorders
- Obsessive Compulsive Disorder/OCD
- Oppositional/Defiant Disorder
- Panic Disorders
- Perinatal/Postpartum Depression
- Personality Disorders
- Persons who are suicidal
- Post-Traumatic Stress Disorder/PTSD
- Psychiatric Disorders
- Reactive Attachment Disorder
- Schizophrenia
- Self-Injury
- Other

Do you provide services for clients with any of the following?

- All listed below
- AIDS/HIV
- Allergies
- Alzheimer’s Disease/Dementia
- Autism Spectrum Disorder
- Blindness/Vision Loss
- Brain Injuries
- Cancer
- Cerebral Palsy
- Chronic Illness
- Chronic Pain
- Communication Disabilities
- COVID-19
- Deaf/Hard of Hearing
- Developmental Disabilities
- Diabetes
- Down Syndrome
- Epilepsy
- Heart Disease/Stroke
- Intellectual Disabilities
- Kidney Disease
- Learning Disabilities
- Multiple Sclerosis
- Muscular Dystrophy/ Neruomuscular Disorders
- Parkinson’s Disease
- Physical Disabilities
- Respiratory Diseases
- Tourette's Syndrome
- Other

Do you provide services related to any of these topics?

- All listed below
- Abuse Issues
- Adoption/Foster Care Issues
- Aging Issues
- Anger Management Issues
- Bereavement/Grief Issues
- Bullying Issues
- Caregiver Issues
- Cultural Transition Issues
- Death and Dying Issues
- Disabilities Issues
- Divorce Issues
- Domestic Violence Issues
- Family Planning Issues
- Gambling Addiction Issues
- Gender Identity Issues
- Hoarding Issues
- Human Trafficking Issues
- Internet Addiction Issues
- Juvenile Delinquency
- Overspending Issues
- Parenting Issues
- Pre-Marriage/Marriage Issues
- Relationship Issues
- Sexual/Love Addiction
- Sexual Assault Issues
- Sexual Orientation Issues
- Sexuality Issues
- Spiritual/Religious Issues
- Substance Use Issues
- Suicide Issues
- Terminal Illness
- Weight Related Issues
- Other

Do you provide services to specific age groups?

- Open to all
- Newborns (Infants in their first weeks of life)
- Infants/Toddlers (Birth up to age five)
- Children (age five up to age 12)
- Youth (People age 12 up to age 18)
- Young Adults (People 18 up to age 25)
- Adult (age 25 up to age 49)
- Older Adults (People 50+)

Do you provide targeted services to any of these populations?

- Active Military
- Black/African American Community
- Court Ordered Individuals
- Crime Victim/Witness
- Disaster Victims
- Farmers/Agricultural Laborers
- Families
- Foster Children
- Hispanic/Latino Community
- Homeless/Unhoused
- LGBTQ+
- Low Income
- Men/Boys
- Migrants
- Native American Community
- Ex-offender
- Pregnant Persons
- Refugees/Asylees
- Senior/Aging
- Sex Offender
- Southeast Asian Community
- Stepfamilies/ Blended Families
- Undocumented Immigrants
- Veterans
- Women/Girls
- Other

Which payment options are available?

- Medicaid
- Medicare
- Private Insurance
- Sliding Scale
- Private Pay
- No Fee
- Other

Notes about payment?

Intake Procedure:

What to Bring to First Appointment:

Please describe your eligibility criteria

Do you have a wait time/wait list? Please describe.

Can you provide appointments within 24 hours? Yes No

Accessibility:

- | | |
|--|---|
| <input type="checkbox"/> Access without special facilities | <input type="checkbox"/> Lowered elevator control |
| <input type="checkbox"/> Braille elevator and signage | <input type="checkbox"/> No Access |
| <input type="checkbox"/> Designated parking | <input type="checkbox"/> No stairs in service delivery area |
| <input type="checkbox"/> Elevators | <input type="checkbox"/> Outside ramps |
| <input type="checkbox"/> Indoor wheelchair access | <input type="checkbox"/> Tone elevator |
| <input type="checkbox"/> Inside Ramps | <input type="checkbox"/> Visual alert systems |
| <input type="checkbox"/> Limited Access | <input type="checkbox"/> Wheelchair access |
| | <input type="checkbox"/> Other |

I authorize 211 to include this information in their resource database and to share with individuals who contact them for information and referrals.

May we include your information in our public online database? Yes No

May we include your information in our print publications? Yes No

Your Name & Title: _____

Email: _____

Phone: _____

Today's Date

Print Form

Please submit this request via email to
or you can print the pages out and fax them or mail them to :



If you have questions or need assistance filling out the form, please contact 211 Resource Specialists at

Thank you for providing 211 with your program's information.

Internal Use Only
Date of Receipt _____
Meets Inclusion Policies _____ Yes _____ No
Staff Name _____
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